

# Application for 911 Center Employment

## Athens-Limestone County Emergency Management Communications District

Completing This Application Is Your First Step Toward  
Joining A Dynamic Workforce Dedicated To Public Service.

*In order to present the strongest, most accurate  
record of your qualifications, skills, and  
competencies, please read this packet and  
the job announcement carefully  
prior to preparing your application.*

Mail to:

Athens-Limestone County 911  
P.O. Box 1111  
Athens, Alabama 35612

Contact Numbers:

Phone: 256-230-0911  
Fax: 256-230-0939

# Instructions for Completing Application

## 1) Before Applying

Obtain a copy of the Job announcement for the job you are interested in applying for.

Compare your education and experience with the requirements listed on the announcement. If you meet the requirements, proceed with the application process. The recruitment announcement will also contain relevant information about the job such as duties, special conditions, where jobs are available, the type of exam that may be required, and the closing date.

- **Affirmative Action and Veteran's Preference**

The Athens-Limestone County 911 District is an equal opportunity employer. Information about our Affirmative Action Program and Veteran's Preference appears in Parts 5 & 6 of the application.

## 2) Application Tips

- ✓ Type or print clearly in ink.
- ✓ Provide *all* requested information.
- ✓ Emphasize your experience/education that relates directly to the requirements on the job announcement. Summarize other experience.
- ✓ Start with your most recent experience and work backward.
- ✓ Submit application (with all requested information) by 5:00 p.m. on the closing date.
- ✓ Submit a separate application for each job announcement unless otherwise instructed.
- ✓ Legible photocopies may be submitted for other positions but must contain an *original* signature and current date.
- ✓ Make sure that you submit your application as instructed.

## 3) Now What?

You can expect to be notified of your application results about 3 weeks after the closing date.

- **Testing**

If you've met the requirements and a written exam is required, you will receive an exam schedule notice with further instructions.

- **Exam Assistance**

Assistance will be provided to persons of disability whose conditions would interfere with taking an exam. For example, you may require a reader, sign language interpreter, more time, etc.

- **Employment Register**

Once your application is accepted and you've passed a exam (if required), your name will be placed on an employment register for one year. Near the end of that year, you may ask to remain on the register for another year, by calling 256-230-0911

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## TERMS & DEFINITIONS

**Employment Preferences**-If you do not specify preferences, we will assume you will accept employment on any shift schedule as required.

**Lay Off**-Permanent employee who has been laid off (use as instructed by your human resources office).

**Shift & Schedule**-If all boxes are left blank, we will assume only full-time, permanent employment will be accepted.

**Misdemeanor or Felony**-Conviction of a misdemeanor or felony does not necessarily bar you from employment

# Application for Employment

## With the Athens-Limestone County 911 District

### Part 1. General Information

Please review all questions carefully before preparing your application.

Position (Job Title)				Recruitment Announcement Number	
Name (Last, First, and Middle Initial)				Social Security Number	
Mailing Address (Include apartment number, if any)			E-Mail Address		Home Telephone
City	County	State	ZIP	Work Message Telephone	
Are you currently a permanent City, County or State of Alabama employee? <input type="checkbox"/> No <input type="checkbox"/> Yes, List Current Agency's Name _____					
Do you need testing assistance such as a sign language interpreter, reader, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Employment Preferences:</b> Are you willing to travel as part of this job? <input type="checkbox"/> Yes <input type="checkbox"/> No  Check types of employment you will accept: Shift <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating Schedule <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Non-Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> On-Call					

### Part 2. BACKGROUND INFORMATION

If a driver's license or other license, certificate, or registration is required for this position, please complete the following			Other than English, what languages do you speak, read, or write fluently? _____		
License, Certificate, or Registration	State/License Number	Expiration Date	Have you been convicted of a misdemeanor or felony within the past ten (10) years? (Answering yes will not automatically bar you from employment) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's License					
CDL					
Other					
(Indicate other type)					

### Part 3. Education and Training

Have you graduated from high school or passed the GED? ☐ Yes ☐ No  
 List college, business school, military training, and other relevant education. (use separate sheet if necessary)

School Name and Location	Month and Year Attended From and To	Credits Earned			Major	Type of Degree Awarded	Year Degree Received
		Quarter	Semester	Other (Specify)			
1	/ /						
2	/ /						
3	/ /						
4	/ /						
5	/ /						

**Part 4. Employment History**

This section must be completed in order to receive full credit. You may use this form for both volunteer and paid experience.

\*For volunteer work, 174.3 hours equals one month of experience. If you need more spaces, see next page.

1. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:					
2. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:					
3. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:					
4. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:					
5. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:					
6. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:					
7. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:					
8. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:					

**Part 4. Employment History (Continued)**

9. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:					
10. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:					
11. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:					
12. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:					
13. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:					
14. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:					
15. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:					
16. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:					



## Part 5. Affirmative Action Information

To ensure equal employment opportunity, we ask your voluntary cooperation in responding to the questions below. This information will be treated as confidential, and will be available only to authorized personnel. Please review the Affirmative Action definitions at the bottom of the page.

Name (Last, First, Middle Initial)		Date of Birth	Social Security Number (Optional)	Recruitment Announcement Number
1. Are you Hispanic (717) <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Are you <input type="checkbox"/> Male <input type="checkbox"/> Female		
2. What race or culture do you consider yourself? <input type="checkbox"/> American Indian (597) <input type="checkbox"/> Alaskan Native (015) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (653) <input type="checkbox"/> Asian (621) <input type="checkbox"/> Black/African American (870) <input type="checkbox"/> White/Caucasian (800) <input type="checkbox"/> Other Race (Indicate Race or Culture) _____ <input type="checkbox"/> Multi-Racial (Indicate Races or Cultures) _____		4. Have you ever been on active duty in the US Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes* Dates _____ to _____ <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Did you serve in the Republic of Vietnam <input type="checkbox"/> No <input type="checkbox"/> Yes Dates _____ to _____ <input type="checkbox"/> Disabled Veteran* _____ % of disability. * If you checked yes or disabled veteran, complete the Veterans Information on the next page and attach a copy of your DD214. 5. Do you have a long-term condition such as: blindness, deafness, severe vision or hearing impairment, a substantial limitation on one or more basic physical activities (e.g., walking, climbing stairs, reaching, lifting or carrying), or a physical, mental or emotional condition which impacts learning, remembering or concentrating? <input type="checkbox"/> Yes <input type="checkbox"/> No (Refer to Affirmative Action definitions below.)		
Date	Signature			

### Affirmative Action Definitions

**Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

**American Indian or Alaskan Native.** A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

**Native Hawaiian or Other Pacific Islander.** A person with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Black/African-American.** A person with origins in any of the Black racial groups of Africa.

**White/Caucasian.** A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Disabilities.** For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment, which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions, or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

**Disabled Veteran.** A person who is entitled to compensation under laws administered by the U.S. Department of Veteran Affairs for disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veteran's Affairs to have a serious employment handicap or (C) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty. Applicant must provide letter from the Department of Veteran's Affairs Secretary confirming employment handicap as it relates to item (B).

**Vietnam-era Veteran.** A person who served on active duty for a period of more than 180 days, any part of which occurred between February 28, 1961\*, and May 7, 1975, and was discharged or released from active duty with other than a dishonorable discharge; or who was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975.

\*Service between February 28, 1961 and August 14, 1964 must have been performed within the Republic of Vietnam.

**Part 6. Veteran's Information**

Additional points or employment preference is given to veterans who meet state qualifications. **Note: To qualify and receive veteran's preference, you must attach a copy of the discharge, DD214 or NGB Form 22 with your application.**

**For Competitive Employment**

Depending upon service you may receive veteran's preference.

1. Have you served honorably in the Armed Forces of the United States on active duty for reasons other than Active Duty Training (ADT)?

☐ No ☐ Yes,

If yes, list dates of active military service.

From: \_\_\_\_\_ to \_\_\_\_\_

Type of Discharge \_\_\_\_\_

List campaign, expeditionary, or service medals received.

\_\_\_\_\_

2. Are you receiving a monthly military retirement benefit?

☐ No ☐ Yes

**For Non Competitive Employment**

Although points are not added under this category, employment preference is given to qualified veterans, surviving spouses of deceased veterans, or spouses of a permanently disabled veteran.

1. Are you the spouse of an honorably discharged veteran who has a service connected permanent or total disability?

☐ No ☐ Yes

If yes, list percentage of spouse's disability: \_\_\_\_\_

Must provide copy of US Department of Veteran's Affairs Disability Awards letter.

2. Are you the surviving spouse of a veteran who died from service related activities?

☐ No ☐ Yes

List campaign, expeditionary, or service medals spouse received: \_\_\_\_\_

Must provide copy of US Department of Veteran's Affairs Disability Awards letter.

**Part 5. Date and Signature**

**TO BE ACCEPTED, YOU  
MUST SIGN AND DATE  
THIS APPLICATION.**

All answers and statements are true and complete to the best of my knowledge. I understand that the 911 District may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.

Date (Month/Day/Year)

/ /

Signature

**Thank you for submitting this employment application...**

To ensure that your application is processed quickly, please review it to be certain that you have answered all questions. Take a moment to review all documents that you wish to include. If required, have you included copies of official documents, such as military discharge? Please make sure you sign and date your application. A final review now will enable use to evaluate your application more quickly and efficiently.